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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION

Xpanse, Inc.

Certificate of Status	0
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AUG 17 2020

M. SOLOMON

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

	rporation; must include "INCORPORATED," " rp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Delaware	3	5-2073564	·
(State or country 05/27/2020	under the law of which it is incorporated)	(FEI number, if applicable)	
(Date o	55.	(Date of duration, if other than perp	etual)
	CPrincipal	office address)	* <i>"2</i> 1
	(Current mailing a	address, if different)	
Name and street	address of Florida registered agent: (P.O. I		M
Name:	· · · · · · · · · · · · · · · · · · ·		4
ice Address:	1200 South Pine Island Road		10 m m 20 m m 20 m m
	Plantation,	33324 Florida	
	(City)	(Zip code)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS

11.	Names	and	business	addresses	of	officers	and/or	directors
-----	-------	-----	----------	-----------	----	----------	--------	-----------

Chairman	к		
Address:			
Vice Chai	irman:		

Address:			
Director:	Michael Middleman		
Address:	14205 SE 36th Street		
	Bellevue, WA 98006		
Director:	Gregory Middleman		
Address:	14205 SE 36th Street	<u> </u>	
Address:	Bellevue, WA 98006		
B. OFF	Rahul Mewnwaila	= 14.	202
	14205 SE 36th Street	344 - 746 C	—≅ •< □
	Bellevue, WA 98006	1,1, 18 0: 47	=======================================
Vice Pres	Gregory Middleman	4	<u> </u>
	14205 SE 36th Street	2/4 2/4	<u> </u>
Address:	Bellevue, WA 98006	\$	6
Secretary:			
Address:			
Address:			·
	If necessary, you may attach an addendum to the application listing additional officers and/or direction of the application of the applica	ctors.	
· <u> </u>	Signature of Director or Officer		
are true a a third de	cer or director signing this document (and who is listed in number 11 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S. gory Middleman, Vice President		
13	(Typed or printed name and capacity of person signing application)		
	() year of printed name and capacity of person signing appreasion)		



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "XPANSE, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

e at corp.delaware.gov/authver.sht

Authentication: 203470871

Date: 08-14-20